



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6220.2C

Code 0501

15 July 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6220.2C

From: Commanding Officer

Subj: COMMUNICABLE DISEASE REPORTING

Ref: (a) NAVMEDCOMINST 6220.12
(b) California Administrative Code, section 2500

Encl: (1) Reportable Diseases and Conditions
(2) Communicable Disease Report Form (NAVHOSP29PALMS Form 6220/01)

1. Purpose. To provide guidelines for an effective reporting system which will alert the Occupational Health and Preventive Medicine Department (OH/PM) to any known or suspected reportable communicable disease.
2. Cancellation. NAVHOSP29PALMSINST 6220.2B.
3. Policy. Per references (a) and (b), communicable diseases of military and civilian importance shall be promptly reported to the OH/PM Department. Enclosure (1) lists reportable diseases.
4. Background
 - a. Communicable disease degrades operational readiness and poses a significant threat to the civilian community through the return of deployed personnel from endemic regions around the world. Some communicable diseases may require rapid diagnostic, epidemiologic, and/or other medical evaluation and intervention to prevent catastrophic events such as epidemics.
 - b. A timely reporting system is essential for monitoring of incidence, prevalence and geographic distribution of diseases. Timely reporting is also the key to the initiation of appropriate preventive medicine measures.
5. Action
 - a. Directors shall ensure that all healthcare providers under their cognizance are aware of the provisions of this instruction.
 - b. Healthcare providers shall:
 - (1) Upon knowledge of a case or suspected case of a reportable disease, immediately inform the OH/PM department.

NAVHOSP29PALMSINST 6220.2C
15 July 1997

(2) Complete enclosure (2) and submit to the OH/PM Department.

c. Laboratory Department shall:

(1) Maintain a Communicable Disease Log.

(2) Provide OH/PM Department access to all lab reports involving reportable diseases.

d. Occupational Health/Preventive Medicine Department shall:

(1) Consult with Navy Environmental and Preventive Medicine Unit #5 and/or other infectious disease and epidemiologic experts to evaluate each reportable case to determine risk to operational readiness and the public health.

(2) Initiate any appropriate investigations.

(3) Based upon the findings of the investigation, provide recommendations for and coordination of control measures.

(4) Submit required Disease Alert Report(s).

(5) Notify local health authorities, when required.

(6) Maintain and monitor reportable disease incidence rates.

(7) Notify Infection Control Officer of hospitalized patients with communicable diseases.

6. Applicability. This instruction is applicable to all patients with communicable diseases.

7. New or Revised Form. The Communicable Disease Report Form, (NAVHOSP29PALMS Form 6220/01) is available from Central Files.



R. S. KAYLER

Distribution:
List A
Health Care Providers

REPORTABLE DISEASE AND CONDITIONS

Navy directives as well as federal, state, and local regulations require prompt reporting of the following communicable disease or medical conditions. If any of the following are suspected or confirmed immediately complete a “Communicable Disease Report” form and submit it to the OH/PM department.

1. Communicable Diseases

Accidental poisoning from foodstuffs and poisonous plants	Cryptosporidiosis
	Cysticercosis
Acquired Immunodeficiency Syndrome (AIDS)	Dengue Fever
Amebiasis	Diarrhea of the newborn, outbreaks
Anisakiasis	Diphtheria
Anthrax	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Arthropod-born viral diseases (other than Yellow fever, Japanese encephalitis, and Dengue fever)	Echinococcosis (Hydatid disease)
Babesiosis	Ehrlichiosis (HGE)
Bites, Non-venomous animal (report only bites where rabies prophylaxis is administered or significant attacks)	Encephalitis (specify etiology)
	Escherichia coli 0157:H7
Bites, Venomous animal	Filariasis
Botulism (Infant, food borne, wound)	Food borne Illness (Food poisoning)
Brucellosis	Giardiasis
Campylobacteriosis	Gonococcal Infections
Chancroid	Granuloma Inguinale
Chlamydia infections	Guillain-Barre syndrome
Cholera	Haemophilus Influenzae (invasive disease)
Ciguatera Fish Poisoning	Hansen Disease
Coccidioidomycosis	Hantavirus Infection
Colorado Tick Fever	Hemorrhagic fever
Conjunctivitis, Acute, Infectious of the newborn (specify etiology)	Hemolytic Uremic syndrome
Hepatitis A	Paralytic Shellfish poisoning
Hepatitis B	Pelvic Inflammatory disease (PID)
Hepatitis C	Pertussis (Whooping Cough)
Hepatitis D	Plague

Hepatitis, Unspecified	Poliomyelitis, paralytic
Influenza	Psittacosis
Japanese Encephalitis	Q Fever
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	Rabies
	Relapsing Fever
Lassa fever	Respiratory Syncytial Virus (RSV)
Legionellosis	Reyes Syndrome
Leishmaniasis	Rheumatic Fever, Acute
Leprosy (Hansen Disease)	Rocky Mountain Spotted Fever
Leptosporosis	Rubella (German Measles)
Listeriosis	Salmonellosis
Lyme disease	Scombroid Fish poisoning
Lymphogranuloma Venereum	Shigellosis
Lymphocytic Choriomeningitis	Staphylococcal Disease
Malaria	Streptococcal Infections (outbreaks and cases in Food Handlers and Child Care providers)
Measles (Rubeola)	Swimmer's Itch (Schistosomal Dermatitis)
Meningitis (specify etiology)	Syphilis
Meningococcal infections	Tetanus
Mumps	Toxic Shock Syndrome
Non-Gonococcal Urethritis	Toxoplasmosis
Onchocerciasis	Trichinosis
Trypanosomiasis	Vibrio infections
Tuberculosis	Viral Hemorrhagic fevers
Tularemia	Water-Associated disease (ie. Giardiasis)
Typhoid Fever	Yellow Fever
Typhus Fever	Yersiniosis

2. Non-Communicable Disease and Conditions

Alzheimer's Disease and Related Conditions	Disorders characterized by lapse of consciousness
--	---

COMMUNICABLE DISEASE REPORT FORM

DATE: _____

PATIENTS' NAME: _____
(LAST, FIRST, M. I.)

RANK/RATE/STATUS: _____

SSN: _____

DUTY STATION/HOME ADDRESS: _____

TELEPHONE NUMBERS: (WORK) _____ (HOME) _____

SUSPECTED/CONFIRMED DIAGNOSIS: _____
(CIRCLE ONE ABOVE)

DATE OF SYMPTOMS ONSET: _____

DISPOSITION OF PATIENT: _____

ATTENDING PHYSICIAN: _____

LABORATORY TESTS AND OTHER DIAGNOSTIC STUDIES ORDERED WITH
RESULTS IF AVAILABLE:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

REMARKS (USE BACK OF FORM IF NEEDED): _____

(SIGNATURE)